

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11/07/03.

I. DISPUTE

Whether there should be additional reimbursement for E0748, E1399 and 97139.

II. FINDINGS

The respondent denied or reduced payment based upon “M-No Mar (855-016) payment recommended at fair and reasonable rate” and “G-Unbundling (855-013) payment denied- the service is included in the global value of another billed procedure”.

III. RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
07/07/03	E0748	\$5000.00	\$2950.00	M	DOP	The 1996 MFG General Instructions GR III Durable Medical Equipment GR IV, VIII & IX Section 413.011 (b)	The requestor provided redacted EOBs from insurance carriers that support amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$2,050.00 is recommended.
	E1399	\$40.00	\$0.00	G	DOP	The 1996 MFG General Instructions GR III Durable Medical Equipment GR IV, VIII & IX Section 413.011 (b)	The respondent denied the dme base on “G-unbundling, payment denied – the service is included in the global value of another billed procedure”. The respondent did not state what the service was global to. Therefore the durable medical equipment will be reviewed per the Medical Fee Guideline. The requestor provided redacted EOBs from insurance carriers that support amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$40.00 is recommended.
	97139	\$185.00	\$0.00	G	DOP	The 1996 MFG General	The requestor provided redacted EOBs from insurance carriers that support

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
						Instructions GR III Durable Medical Equipment GR IV, VIII & IX Section 413.011 (b)	amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$185.00 is recommended.
Totals		\$5,225.00	\$2,950.00				The Requestor is entitled to reimbursement of \$2,275.00

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement in the amount of **\$2,275.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$2,275.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 11th day of June 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

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